

Workshop B

**Sharing the programme coordinator
experience – engaging with
vulnerable expectant mothers**

Six Principles (Evidence Review)

- 1. Strengths based**
- 2. Relationship based**
- 3. Reciprocal**
- 4. Evidence-based but adaptive**
- 5. Collaborative**
- 6. Clear about the parameters**

What are the barriers to expectant mothers taking up the offer of a volunteer?

For example:

- Not understanding what the support is about
- Feeling suspicious about the motivation and purpose of the volunteer
- Opposition from family members

A long delay between offering a volunteer and matching an expectant parent with a volunteer, or poor communication, can lead to expectant mothers turning down support

Useful strategies

Multiple routes to access a volunteer programme are important. For example:

- Informal opportunities to meet a volunteer face-to-face
- Word of mouth
- Self-referral
- Referral by professionals

Informal routes are strengthened as a programme builds up a positive reputation and visible local presence. This can be particularly important for parents who don't trust professionals

Building a confidential, empowering relationship of trust

Volunteers need to be:

- Reliable
- Consistent
- Non-judgemental
- Strengths-focused
- Able to give time

It works when “parents experience this as being completely different from most professional support”

“The evidence shows that offering peer support from people with ‘lived experience’ of the parents’ own issues could give vulnerable parents the assurance they would be understood and not judged or patronised, and give information from the volunteers more credibility. Some vulnerable parents report being able to talk honestly to a volunteer who has built up a relationship of trust with them over time, when they have not felt able to ask for help from health or social care professionals”

(Fox 2015, Marden 2014, McInnes 2001, McLeish 2015, Murphy 2008, Schmied 2011, Turner 2012).

*“**Parents from BME communities** might access support more readily when it was offered by someone from their own cultural and language background, and they might find information from same-culture volunteers more relevant and credible. Conversely, the support was more acceptable to some parents if the volunteer was not from the same minority community because this was felt to reduce the risk of gossip and stigma”*

(Lederer 2009, McLeish 2015, Muller 2009, Prosman 2014, South 2012, Summerbell 2014).

Working with professionals

>>>The most important factor in success<<<

Goes wrong when professionals:

- Feel their jobs are threatened
- Feel their professional competency is challenged
- Don't understand the volunteer role
- Aren't confident about the project boundaries
- Are unaware of the scope and rigour of volunteer training and supervision
- Aren't able to refer easily
- Aren't aware of the volunteer project

This leads to:

- Restrictive gatekeeping
- Lack of referrals
- Obstruction of volunteer activities

Working with professionals

Goes well when professionals:

- See the project as a resource
- See the volunteers as complementing their work
- See volunteers engaging with families who they find 'hard to reach'
- See volunteers supporting families to access services
- Develop collegial relationships with volunteers

This happens when :

- Professionals are involved from the outset
- Professionals are involved on the steering group
- Professional are involved in volunteer training
- Projects articulate clear boundaries
- The project co-ordinator networks extensively
- There are simple, clear referral guidelines
- The project is co-located with a professional service (but beware!)